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Fax Transmission | November 12, 2004

TO: Commissioner for Patents
        Attn: Examiner N.S. Fayyez
        P.O. Box 1450
        Alexandria, VA 22313-1450

FROM: Michael D. Schumann

OUR REF: 13835.9US01
TELEPHONE: 612.336.4638

Total pages, including cover letter: **20**

PTO FAX NUMBER **1-703-872-9306**

If you do NOT receive all of the pages, please telephone us at 612.336.4638, or fax us at 612.332.9081.

Title of Document Transmitted: **AMENDMENT AND PETITION FOR EXTENSION OF TIME**

Applicant: **Rabett et al.**
Serial No.:   **10/072747**
Filed: **February 7, 2002**
Group Art Unit: **2856**
Our Ref. No.:   **13835.9US01**
Confirmation: **2974**

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: _____

Name: **Michael D. Schumann**
Reg. No.: **30,422**

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Shandra L. Rissmann

_____   **11/12/04**
Signature   Date

GEN031.DOT

11/23/2004 LSPRUELL 00000002 132725   10072747

01 FC:1201   264.00 DA

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S/N 10/072747

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Rabbett et al.	Examiner:	N.S. Fayyaz
Serial No.:	10/072747	Group Art Unit:	2856
Filed:	February 7, 2002	Docket No.:	13835.9US01
Title:	SELF-CALIBRATING CARBON MONOXIDE DETECTOR AND METHOD		

CERTIFICATE UNDER 37 CFR 1.6(d):
I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on November 12, 2004.

By:
Name: Shanda Ritzmann

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with the provisions of 37 C.F.R. §1.136(a), it is respectfully requested that a 2-month extension of time be granted in which to respond to the outstanding Office Action mailed June 17, 2004, said period of response being extended from September 17, 2004 to November 17, 2004.

Please charge Deposit Account 13-2725 in the amount of $430 to cover the required extension fee for a large entity.
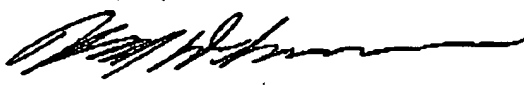
23552
PATENT TRADEMARK OFFICE

Respectfully submitted,

MERCHANT & GOULD P.C.
P.O. Box 2903
Minneapolis, MN 55402-0903
Telephone: (612) 336-4638

November 12, 2004
Date

Michael D. Schumann
Reg. No. 30,422
MDS:slr

11/23/2004 LSPRUELL 00000001 132725   10072747

01 FC:1252   430.00 DA

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Application or Docket Number 50/377

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	55	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	55 minus 20=	* 35
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	630
X42=		OR	X84=	168
+140=		OR	+280=	
TOTAL		OR	TOTAL	1538

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 54	Minus	** 55	= —
Independent	* 8	Minus	*** 5	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	264
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	264 pd.

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Handwritten left margin: 11-12-04